

**INDIANA HOUSING AND COMMUNITY DEVELOPMENT AUTHORITY
MORTGAGE CREDIT CERTIFICATE
2006 PROGRAM REGISTRATION FORM**

THIS FORM MUST BE EXECUTED FOR EACH ORIGINATING OFFICE PARTICIPATING IN THE PROGRAM.

I/WE will participate in the Indiana Housing and Community Development Authority's Mortgage Credit Certificate Program.

COMPANY
NAME _____

OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

— (NUMBER YOU WISH BORROWERS TO CALL) (NUMBER YOU WISH IHFATO FAX TO)

PLEASE CHECK TYPE OF LOAN(S) YOU ARE APPROVED TO CLOSE. YOU CAN ONLY MAKE A RESERVATION FOR A LOAN THAT YOU CAN CLOSE.

FHA _____ VA _____ FANNIE MAE _____ USDA RURAL DEVELOPMENT _____

Please list below the name of the person from your organization to whom mail and email is to be sent as well as telephone inquires/information from IHCD.

APPLICATION	CONTACT	NAME
_____	_____	_____

APPLICATION CONTACT PHONE #
_____ **FAX#** _____

APPLICATION CONTACT EMAIL ADDRESS _____
(An email address is required)

Please note that the contact person will be responsible for giving everyone in your office access to IHCD online. IHCD will not give usernames or passwords to anyone other than the contact person listed above.

ONLINE USERNAME _____

ONLINE PASSWORD _____

PLEASE LIST ALL COUNTIES IN ALPHABETICAL ORDER THAT THIS ORIGINATING OFFICE WILL SERVICE:

DATE

COMPANY AUTHORIZED OFFICER'S SIGNATURE

Indiana Housing and Community Development Authority hereby acknowledges the above named company as a registered participating lender in the Mortgage Credit Certificate Program.

DATE

SHERRY SEIWERT, EXECUTIVE DIRECTOR